

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



STATE BOARD OF PUBLIC HEALTH

JOHN H. GRAVES, M.D., President

EDWARD M. PALLETTE, M.D., Vice President

GEORGE E. EBRIGHT, M.D.

JUNIUS B. HARRIS, M.D.

WM. R. P. CLARK, M.D.

GIFFORD L. SOBEY, M.D.

GILES S. PORTER, M.D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XI, No. 32

September 10, 1932

GUY P. JONES
EDITOR

California White House Conference on Child Health

Hon. James Rolph, Jr., Governor of California, has appointed an advisory committee to assist in the organization of the California White House Conference on Child Health and Protection which will be held in November. This committee is composed of individuals and officials who are leaders in state-wide organizations which are engaged actively in the promotion of child welfare. This committee will be of assistance to Governor Rolph's representatives who are handling the details of the organization—Doctor Giles S. Porter, Director of the State Department of Public Health, Mrs. Rheba C. Splivalo, Director of the State Department of Social Welfare, and Mr. Vierling Kersey, Director of the State Department of Education.

Mr. Leland W. Cutler, President of the San Francisco Chamber of Commerce, has been appointed by Governor Rolph as chairman of the advisory committee. The conference over which President Robert G. Sproul of the University of California will preside will be a follow-up of President Hoover's White House Conference on Child Health and Protection which was held in Washington in 1930.

Health officers and public health nurses will be interested in the development of the plans for the conference and through the columns of this publication they will be kept advised of the development of this important work.

Following are the names of the Governor's advisory committee, together with the names of the organizations which they represent:

Dr. John H. Graves, President, State Board of Public Health.

Dr. J. M. Toner, Director, State Department of Institutions.

Timothy A. Reardon, Commissioner, State Department of Labor.

Dr. William P. Shepard, San Francisco, Assistant Secretary, Metropolitan Life Insurance Company.

Mrs. W. A. Price, San Diego, Past President, California Congress of Parents and Teachers, Inc.

Mrs. Hugh Bradford, Sacramento, President, National Congress of Parents and Teachers.

Mrs. Benjamin F. Warmer, Ontario, California Federation of Women's Clubs.

A. J. Cloud, San Francisco, State Teachers' Association.

Miss Louise Drury, Los Angeles, California League of Women Voters.

Miss Julia George, San Francisco, Children's Protective Society.

Dr. Harold H. Smith, Los Angeles, Children's Protective Association.

Miss Agnes Talcott, Los Angeles, California State Organization for Public Health Nursing.

B. W. Gearhart, Fresno, Past Commander, Department of California, American Legion.

Mrs. Eliza London Shepard, Glen Ellen, Past National President, American Legion Auxiliary.

Irving Lipsitch, Executive Director, Federation of Jewish Welfare Organizations of Los Angeles.

Dr. Mariana Bertola, San Francisco, Past President, Native Daughters of the Golden West.

Dr. Tully C. Knowles, Stockton, President, Young Men's Christian Association of California.

Mrs. Bartlett B. Heard, Berkeley, Young Women's Christian Association.

Father P. G. Moriarty, San Francisco, Director, Affiliated Catholic Charities.

J. F. T. O'Connor, Los Angeles, Catholic Welfare Bureau of Los Angeles and San Diego.

Mrs. B. M. Breeden, San Francisco Archdiocesan Council, National Council of Catholic Women.

Dr. William Palmer Lucas, San Francisco, California Medical Association, Northern Branch.

Dr. William Duffield, Los Angeles, California Medical Association, Southern Branch.

Mrs. F. E. Clough, San Bernardino, Women's Auxiliary, California Medical Association.

Dr. Roy A. Green, Sacramento, President, California State Dental Association, Northern Branch.

Dr. Minnie M. Proctor, Los Angeles, California State Dental Association, Southern Branch.

Mrs. M. C. Sloss, San Francisco Section, National Council of Jewish Women.

Dudley Moulton, Director, State Department of Agriculture.

Dr. Chesley Bush, Livermore, California Tuberculosis Association.

Dr. John J. Sippy, Stockton, Past President, Northern California Public Health Association.

Miss Harriet G. Eddy, Home Demonstration Agents, University of California.

Dr. Herbert R. Stolz, Director Institute of Child Welfare, University of California.

Dr. Marvin L. Darsie, Dean of Teachers' College, University of California at Los Angeles.

Dr. Harold Kniest Faber, Professor of Pediatrics, Stanford University.

Miss Mary Lockey, Palo Alto, Principal, Castilleja School.

Eugene W. Nixon, Head of Department of Physical Education for Men, Pomona College.

Dr. A. J. Hamilton, President, Chico State Teachers College, State Teachers Colleges.

Dr. John Louis Horn, Professor of Education, Mills College.

Miss Zdenka Buben, Los Angeles, California District, American Association Hospital Social Workers.

William F. Higby, San Francisco, Commonwealth Club of California.

Dr. Sven Lokrantz, Los Angeles, President, Southern California Public Health Association.

Dr. W. B. Wells, Riverside, League of California Municipalities.

Dr. F. E. Pottenger, Monrovia, President, California Tuberculosis Association.

Dr. Percy T. Magan, Los Angeles, Medical School of Evangelists.

Mrs. Kathleen Michael, Los Angeles, Association for Blind of California.

Guy P. Jones, San Francisco, Director, Organizations for the Hard of Hearing.

Mrs. Estelle Close, Santa Rosa, California League of Business and Professional Women.

H. M. Stansifer, Santa Barbara, American Red Cross.

Commissioner William Peart, Santa Monica, Salvation Army.

Miss Mabel Gillis, State Librarian.

Judge Fletcher A. Cutler, San Francisco, Past President, Native Sons of the Golden West.

William H. Worden, San Francisco, Shriners' Hospital for Crippled Children.

DIPHTHERIA CONTROL MEASURES

By WILFRED H. KELLOGG, M.D., Chief, Division of Laboratories.

Diphtheria is at a low ebb in California just now, and for that reason may not be considered a timely topic; but if the saying "In time of peace prepare for war" has any application anywhere it is in the field of disease prevention. It takes time to prepare for an invasion by an epidemic disease; time to prepare the people by the dissemination of information; time to get health departments properly organized; time to immunize the children; time for the immunity to develop after they have been treated. We must not be lulled into a sense of security and neglect our preparations because diphtheria at the present time is scarce in some communities and totally absent in others. It is characteristic of diphtheria that it has its seasons of prevalence and its seasons of inactivity. The peaks are separated by periods of several years, the rise and fall being more or less gradual. We are now in a trough of the wave and should, therefore, be preparing for the crest that is sure to come.

Being in possession of a method of laboratory diagnosis of diphtheria, of a serum treatment of cases, and of a method of both passive and active immunization, it would seem that we should be in a position to determine for ourselves whether or not we shall permit diphtheria to prevail, but such is the case in theory only. There are many factors and conditions associated with the application of these measures that add to or detract from their value, and it is our purpose at this time to discuss some of these conditions.

Laboratory Diagnosis

The report of the laboratory is never *absolutely*

conclusive either for positive or for negative findings. A "no growth" or a negative report may be made in a clinically positive case because of any one or more of the following circumstances:

(a) Faulty inoculation of the swab. That it makes a difference how the swab is taken is shown by the occurrence of several "no growths" among the swabs taken by a single individual from a group of children all taken at the same time, no other reason being apparent.

(Note: A "no growth" report means nothing, therefore, and for purposes of release it does not count as a negative.)

(b) The diphtheria bacilli are few in number and overgrown by other bacteria or overlooked by the microscopist.

(c) Diphtheria bacilli die out in transit owing to heat, drying, and lapse of time.

(d) An uncommon morphological type not familiar to the bacteriologist may be present. The diphtheria bacillus is protein in its morphological variations, and the technician who recognizes only the classical bipolar granule type as seen when acid toluidin blue is used will overlook some very virulent forms.

A positive result may be obtained in a case that is not diphtheria under the following circumstances:

(a) The organism seen in culture is not the diphtheria bacillus, but a diphtheroid that can not be distinguished by its form and staining reactions. Only animal tests will give the true facts in such a case, and these are not applicable for diagnosis.

(b) The organism seen may be the true diphtheria bacillus, but the subject is a carrier and not a clinical case. A diphtheria carrier may have a simple sore throat due to streptococci or other organisms, in which case we have a person who has a sore throat and who yields a culture of the diphtheria bacillus, but who is not suffering from diphtheria. The only way such a case could be proven not to be diphtheria would be to show that he was immune to the disease by applying either the Schick or the Kellogg Test. The latter is a laboratory test that requires a small quantity of blood, about as much as would be sent in for a Widal Test.

From the foregoing it is clear that the laboratory diagnosis of diphtheria is subject to uncertainties that may interfere with the physician's desire to get a prompt answer to the question in his mind regarding the advisability of giving antitoxin. This uncertainty renders it necessary (in view of the fact that antitoxin must be given early if any benefit is to be derived from it) to give antitoxin at once if the condition of the patient suggests it, and find out later what the laboratory reports.

The laboratory diagnosis of diphtheria finds its best application in the confirmation of the clinical diagnosis, in the search for carriers, and in regulating quarantine. It is of no value in diagnosis preliminary to the administration of antitoxin.

(A continuation of this article will consider the search for and quarantine of carriers, the conduct of quarantine, and the use of active and passive immunization.)

PUBLIC HEALTH NURSES RECEIVE CERTIFICATES

Fifty-one public health nurses were successful in passing the examination for certificate of public health nurse which was held in Los Angeles and San Francisco, August 6, 1932.

At its regular meeting held in San Francisco, August 27, the California Board of Public Health issued certificates to the following public health nurses:

Abbey, Imogene H.	Los Angeles
Alger, Catharine Estelle	Los Angeles
Andrews, Cleo	San Francisco
Bergholdt, L. Kathryn Seigrist	Los Angeles
Carlson, Hilda M. Brandt	Los Angeles
Cornelius, Maxine M.	Oakland
Custer, Hermina Schaefer	Glendale
Davis, Flora Irene	Pasadena
Devereaux, Grace M.	Pasadena
Dierke, Helen	San Francisco
Downey, Dorothy D.	San Francisco
Dunn, Kathryn A.	Los Angeles
Ehrat, Florence	Pasadena
Freeman, Mrs. Lillian B.	Los Angeles
Hunsberger, Adeline Boyd	San Francisco
Hutchinson, Alice H. W.	Crockett
Jensen, Jean C.	Los Angeles
Karpisek, Eva	San Diego
Kass, Marie	San Francisco
Keagle, Ada Lois	Lodi
Kenney, Winifred	Los Angeles
Kirkpatrick, Marie Pendleton	Los Angeles
Lehman, Kathryn L.	Los Angeles
Logan, Alpha Lois	Salinas
Long, Kathleen B.	Los Angeles
MacLeod, Katherine	South San Francisco
Manning, Ethel W.	Los Angeles
McKenna, Marguerite	San Francisco
Moak, Esther L.	Oakland
Olson, Mrs. Nora N.	Los Angeles
Phelps, Mabel Josephine	Alhambra
Preston, Consuelo Inez	Palo Alto
Pugh, M. Louise	Orleans, Humboldt County
Reed, Ethel L.	Berkeley
St. Martin, Bernice O. Strand	Oakland
Sanwald, Elizabeth L.	Hayward
Schwarzwaelder, Bertha	Ontario
Shera, Gertrude M.	Palo Alto
Shields, Lenore Collins	San Diego
Smiley, Maysie G.	Los Angeles
Sprague, Elfleda	Pacific Grove
Waggoner, Sylvia C.	Sacramento
Walker, Lillian Lucille	Medford, Oregon
Warncke, Fannie Titsworth	Altadena
Warnes, Mrs. Mary B.	San Diego
Webster, Gwynedd	Berkeley
Wells, Hortense DeTuncq	San Marino
White, Ada	San Francisco
Williams, Elizabeth F.	Palo Alto
Work, Mrs. Marguerite Crawford	Long Beach
Zamora, Juanita R.	Thermal

LIST OF DISEASES REPORTABLE BY LAW

ANTHRAX	OPHTHALMIA NEONATORUM
BERI-BERI	PARATYPHOID FEVER
BOTULISM	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANULOMA	POLIOMYELITIS
DENGUE	RABIES (Animal)
DIPHTHERIA	RABIES (Human)
DYSENTERY (Amoebic)	RELAPSING FEVER
DYSENTERY (Bacillary)	ROCKY MOUNTAIN
ENCEPHALITIS (Epidemic)	SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SEPTIC SORE THROAT
FOOD POISONING	SMALLPOX
GERMAN MEASLES	SYPHILIS*
GLANDERS	TETANUS
GONOCOCCUS INFECTION*	TRACHOMA
HOOKWORM	TRICHINOSIS
INFLUENZA	TUBERCULOSIS
JAUNDICE (Infectious)	TULAREMIA
LEPROSY	TYPHOID FEVER
MALARIA	TYPHUS FEVER
MEASLES	UNDULANT (Malta) FEVER
MENINGITIS (Meningococcic)	WHOOPING COUGH
MENINGITIS (Cerebrospinal)	YELLOW FEVER
MUMPS	

QUARANTINABLE DISEASES

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

* Reported by office number. Name and address not required.

BAN ON PARROTS LIFTED

The quarantine on parrots which was established several months ago was lifted by the State Board of Public Health at its meeting held August 27, 1932. The quarantine on parrakeets is still in force, however, and without change.

It's good to have money and the things that money can buy; but it's good, too, to check up once in a while and make sure you haven't lost the things that money can't buy.—George Horace Lorimer.

MORBIDITY ***Diphtheria.**

31 cases of diphtheria have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 15.

Measles.

29 cases of measles have been reported, the cases being scattered over the State.

* From reports received on September 6th and 7th for week ending September 3d.

Scarlet Fever.

51 cases of scarlet fever have been reported, the cases being scattered over the State.

Whooping Cough.

205 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 18, Los Angeles County 19, Los Angeles 62; Pasadena 18, San Diego 10, San Francisco 12.

Smallpox.

4 cases of smallpox have been reported, as follows: Los Angeles County 1, Hawthorne 1, Riverside County 1, Shasta County 1.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: Los Angeles County 1, Los Angeles 1, San Rafael 1, Riverside County 1, Sacramento County 2, Sacramento 1, Sonoma County 1.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: Los Angeles 1, Salinas 1, Santa Barbara County 1.

Poliomyelitis.

12 cases of poliomyelitis have been reported, as follows: Contra Costa County 1, Fresno 1, Bakersfield 1, Los Angeles County 1, Los Angeles 3, Santa Barbara County 1, Palo Alto 1, Redding 3.

Encephalitis (Epidemic).

1 case of epidemic encephalitis from Sacramento County has been reported.

Trichinosis.

1 case of trichinosis from Los Angeles County has been reported.

Food Poisoning.

49 cases of food poisoning have been reported, as follows: Berkeley 6, Oakland 5, San Francisco 38.

Undulant Fever.

1 case of undulant fever from Glendale has been reported.

U C MEDICAL SCHOOL
LIBRARY
PARNASSUS & THIRD A
SAN FRANCISCO CALIF